

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Main Street Media</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		
Mailing Address P.O. Box 25093			Amount <span style="border: 1px solid black; padding: 2px;">2002525.50</span>		
City Alexandria	State VA	Zip Code 22313	Transaction ID : SE3 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		
Purpose of Expenditure TV/Media Placement		Category/ Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate Murphy, Patrick, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">6536819.18</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>DMM Media</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		
Mailing Address 1911 N. Fort Myer Drive Ste 400			Amount <span style="border: 1px solid black; padding: 2px;">150.00</span>		
City Arlington	State VA	Zip Code 22209	Transaction ID : SE4 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		
Purpose of Expenditure TV/Media Production		Category/ Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate Murphy, Patrick, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">6536819.18</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">2002675.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Crosby, Caleb, , ,		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Main Street Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 04 / 2016</b>	
Mailing Address P.O. Box 25093		Amount <b>368756.51</b>	
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313</b>	Transaction ID : <b>SE3.1</b>
Purpose of Expenditure <b>Radio Placement</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 30 / 2016</b>	
Name of Federal Candidate <b>Murphy, Patrick, ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>FL</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>368756.51</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>2371432.01</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 05 / 2016**

Signature